

**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 1 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

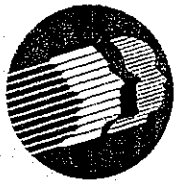
SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>Revised report following IDR request received July 5, 2012.</p> <p>An unannounced annual and complaint survey was conducted at this facility beginning May 21, 2012 and ending May 29, 2012. The facility census on the entrance day of the survey was 62 residents. The survey sample was composed of 10 residents and included 6 selected residents and an additional subsample of 4 residents. The survey process included observations, interviews and review of resident clinical records, facility documents and facility policies and procedures.</p>	<p>This plan of correction is not to be construed as an admission of or agreement with the findings and conclusions in the statement of deficiencies, or (if applicable) the administrative sanctions imposed on the community. Rather it is submitted as the confirmation of our ongoing efforts to comply with all statutory and regulatory requirements. In this document, we have outlined specific actions in response to each allegation or finding. We have not presented all contrary factual or legal arguments, nor have we identified all mitigating factors.</p>
3225.0	Assisted Living Facilities	
3225.8.0	Medication Management	
3225.8.1	An assisted living facility shall establish and adhere to written medication policies and procedures which shall address:	
3225.8.1.4	Administration of medication, self-administration of medication, assistance with self-administration of medication, and medication management by an adult family member/support person.	
	<p>This requirement is not met as evidenced by:</p> <p>Based on observations of assistance with self-administration of medication conducted on 5/29/2012 it was determined</p>	

Provider's Signature

Susan Barnes

Title

Executive Director 8/7/12



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

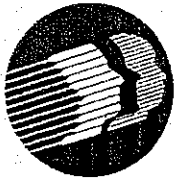
STATE SURVEY REPORT

Page 2 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>that the facility failed to ensure that the documentation of oral medications for 4 residents (#SS1, #SS2, #SS3 and #SS4) were consistent with facility policy and procedure. Findings include:</p> <p>The facility policy "Medication & Treatment – General Guidelines for Medication Administration/Assistance" states..."25. Documentation of medications administered/assisted should occur promptly after the resident has taken the medication. Associates should sign the MAR with their signature/title and initial each medication administered/assisted..."</p> <p>1. Observations of assistance with self-administration of medication conducted on 5/29/2012 revealed that E4 (assigned AWSAM staff) documented assistance with self-administration of medication on the MAR dated May 2012 immediately following the preparation of medications and prior to the actual assistance with self-administration of medications for Resident #SS1. The facility failed to ensure that Resident #SS1 was assisted with self-administration of medications according to facility policy.</p> <p>This finding was reviewed with E1 (administrator) and E2 (RN/DON) on 5/29/2012.</p> <p>2. During observations of assistance with self-administration of medication performed on 5/29/2012 it was revealed that after E4 (assigned AWSAM staff) prepared medications she initialed assistance with self-administration of</p>	



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

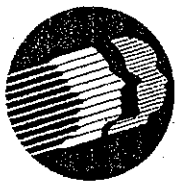
STATE SURVEY REPORT

Page 3 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>medications on the MAR dated May 2012 prior to the actual assistance of Resident #SS2 with self-administration of medications. The facility failed to ensure that Resident #SS2 was assisted with self-administration of medications according to facility policy.</p> <p>This finding was reviewed with E1 (administrator) and E2 (RN/DON) on 5/29/2012.</p> <p>3. Observations of assistance with self-administration of medication performed on 5/29/2012 revealed that E4 (assigned AWSAM staff) initialed the MAR dated May 2012 prior to assisting Resident #SS3 with self-administration of medications. The facility failed to ensure that Resident #SS3 was assisted with self-administration of medications according to facility policy.</p> <p>This finding was reviewed with E1 (administrator) and E2 (RN/DON) on 5/29/2012.</p> <p>4. Observations of assistance with self-administration of medication conducted on 5/29/2012 revealed that E4 (assigned AWSAM staff) failed to assist Resident #SS4 with self-administration of medications prior to documentation of the medication pass on the MAR dated May 2012. The facility failed to ensure that Resident #SS4 was assisted with self-administration of medications according to facility policy.</p> <p>This finding was reviewed with E1 (administrator) and E2 (RN/DON) on</p>	<p>Medication management 3225.8.1.4 and 3225.8.8</p> <p>All residents have the potential to be affected by this practice, however none were affected. We confirmed that residents' #SS1, #SS2, #SS3 and #SS4 were given the correct medicines at time of survey.</p> <p>All AWSAMS have been retrained -on the proper procedure for medication documentation and administration. <i>Sign in sheet and paperwork is attached to this POC.</i></p> <p>In addition to quarterly AWSAM medication pass observations, the Health and Wellness Director or designee will complete random medication observations to verify compliance.</p> <p>Completion Date: July 21, 2012</p>



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

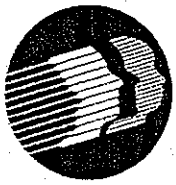
STATE SURVEY REPORT

Page 4 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3225.8.8	<p>5/29/2012.</p> <p>Concurrently with all UAI-based assessments, the assisted living facility shall arrange for an on-site medication review by a registered nurse, for residents who need assistance with self-administration or staff administration of medication, to ensure that:</p>	
3225.8.8.1	<p>Medications are properly labeled, stored and maintained;</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation of assistance with self-administration of medications, staff interview, review of the clinical record and the AWSAM training manual it was determined that the facility failed to ensure that a medication was properly labeled and maintained for one resident (#SS1) out of ten sampled. Findings include:</p> <p>Observation of assistance with self-administration of medication conducted on 5/29/2012 revealed that the label of a purchased-over-the-counter medication differed in name from the physician order transcribed to the MAR (Medication Administration Record) dated May 2012. Review of the over-the-counter medication label read "Vitamin D3 1000 I.U. (international units) capsule, one capsule by mouth daily". However review of the MAR dated May 2012 revealed that the transcribed order read "Vitamin D 1000 units caps, one capsule by mouth daily". This finding was also confirmed by the</p>	<p>Medications properly labeled, stored and maintained</p> <p>3225.8.8.1</p> <p>All resident have the potential to be affected by this practice, however none were affected. The pharmacy was called at time of survey and confirmed that the medication transcribed on the Medication Administration Record was the same as the over the counter medication in the bottle. All -AWSAMs have been retrained on the five rights of medication administration to include checking that the medication labels match the transcription on the Medication Administration Record. <i>The sign in sheet and paperwork have been attached to this POC.</i> The Health and Wellness Director or designee will complete random audits of the medication carts to verify compliance.</p> <p>Completion Date July 21, 2012.</p>



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

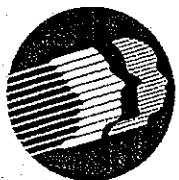
STATE SURVEY REPORT

Page 5 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>assigned E5 (AWSAM staff member).</p> <p>Observations also revealed that Resident #SS1 was assisted with self-administration of one capsule of the over-the-counter medication referenced above despite inconsistency between the medication label and the MAR dated May 2012. The training manual, "Resource Guide For Assistance With Self Administration of Medication for Designated Care Providers (AWSAM)" stated to "Check all five rights (right resident, right drug, right dosage, right time and right route), every time you administer a drug...only when you are sure of the five rights do you AWSAM the medication..."</p> <p>This finding was reviewed with E1 (administrator) and E2 (RN/DON) on 5/29/2012.</p>	
3225.13.0	Service Agreements	
3225.13.5	<p>The service agreement shall be developed and followed for each resident consistent with that person's unique physical and psychosocial needs with recognition of his/her capabilities and preferences.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record and facility document reviews and staff interview it was determined that the facility developed a service agreement that failed to address weight loss sustained by one resident (Resident #4) out of ten sampled. Findings</p>	



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

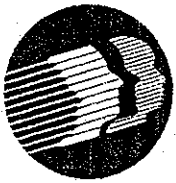
STATE SURVEY REPORT

Page 6 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3225.18.0	<p>include:</p> <p>Clinical record review revealed that Resident #4 was admitted to the assisted living facility on 4/18/2010 with diagnoses that included dementia, malnutrition and hyponatremia. Review of the current UAI dated 5/27/2011 revealed that Resident #4 was disoriented to time, place and person and experienced short-term memory and long-term memory problems. Additionally the above referenced UAI indicated that Resident #4 "must be fed...1:1 observation /assistance".</p> <p>Further review of the clinical record revealed that the recorded weight of 114 lbs on April 5, 2012 indicated Resident #4 sustained a significant weight loss of 13 lbs since last weighed as 127 lbs on March 5, 2012. The facility form "Resident Weight Record" revealed documentation of monthly weights beginning in 2012 that read January 17, 2012: 120 lbs; February 1, 2012: 122 lbs; March 5, 2012: 127 lbs; April 5, 2012: 114 lbs and May 16, 2012: 113 lbs. However review of the service agreement dated 5/27/2011 revealed that the facility failed to review and to revise the service agreement with time frames for goals and specific interventions to address significant weight loss of sustained by Resident #4 between March 5, 2012 and April 5, 2012.</p> <p>This finding was reviewed with E1 (administrator) and E2 (RN/DON) on 5/29/2012.</p> <p>Fire Safety and Other Emergency Plans</p>	<p>Service Agreements 3225.13.5</p> <p>All residents have the potential to be affected; one resident was affected by this practice The current Service Agreement for resident #4 dated 5/14/2012, was located and sent to the surveyor the day after the exit. This service agreement addresses the resident's weight loss from March to April 2012, with specific interventions included. The Health and Wellness Director -or designee will conduct monthly audits of the Service Agreements to ensure that any weight loss is documented and interventions are in place. Completion Date: Immediate and ongoing.</p>



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

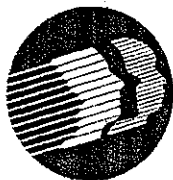
STATE SURVEY REPORT

Page 7 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3225.18.1	<p>The assisted living facility shall comply with all applicable state and local fire and building codes. All applications for license or renewal of license shall include a letter certifying by the Fire Marshal having jurisdiction. Notification by the Fire Marshall of non-compliance with the Rules and Regulations of the State Fire Prevention Commission shall be grounds for enforcement remedies in 16 <u>Del.C</u> Ch. 11, Subchapter 1, Licensing By The State.</p> <p>This requirement is not met as evidenced by:</p> <ol style="list-style-type: none"> 1. On 5/23/12, in an interview with E51 (Maintenance Technician), it was acknowledged that the annual certification letter by the Fire Marshal was not available. 	<p>Fire Safety and Other Emergency Plans 3225.18.1</p> <p>All residents have the potential to be affected, however none were affected. The Deputy Fire Marshall completed his inspection of Windsor Place and gave us our annual inspection certification for 2011 which is attached. The Maintenance Technician has been instructed on the state requirements for annual inspections. The Executive Director or designee will ensure that the Deputy Fire Marshall's office is contacted yearly to complete the annual certification.</p>
3225.18.4	<p>The assisted living facility shall promote staff knowledge of fire and other emergency safety by:</p>	
3225.18.4.5	<p>Maintaining records for two years of facility fire and other emergency drills/training sessions.</p> <p>This requirement is not met as evidenced by:</p> <p>Review of the fire drill records on 5/23/2012 revealed that the fire drill reports for the third and fourth quarter shifts of 2010 were not available. Additionally, the fire drill report for the third shift of the first quarter of 2011 was not available. E51 (Maintenance Technician) confirmed the findings.</p>	<p>3225.18.4.5</p> <p>All residents have the potential to be affected, however none were affected. Our Maintenance Technician has been retrained on the state requirements regarding the required fire drill schedule. The Executive Director or designee will review the fire drill log on a monthly basis during monthly safety committee meetings to verify compliance.</p>



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

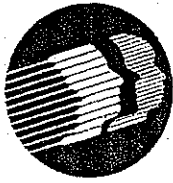
STATE SURVEY REPORT

Page 8 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
3225.19	Records and Reports	
3225.19.5	Incident reports, with adequate documentation, shall be completed for each incident. Records of incident reports shall be retained in facility files for the following:	
3225.19.5.2	<p>Falls without injury and falls with injuries that do not require transfer to an acute care facility or do not require reassessment of the resident.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on clinical record review and staff interviews it was determined that the facility failed to complete and to retain an incident of a fall sustained by one resident (Resident #2) out of ten sampled. Findings include:</p> <p>Review of Resident #2's clinical record revealed a nurse's note dated 2/11/2012 and timed (1:35 PM) that stated "(Resident #2) was heard calling for help and she was eased to the floor because she was caught between (the) toilet (and wheelchair). Complained of knee pain..."</p> <p>In interviews conducted on 5/24/2012 with E3 (licensed staff member) and on 5/29/2012 with E2 (RN/DON) the absence of a completed incident report of the above referenced fall sustained by Resident #2 was confirmed. However the facility procedure entitled "How To: Assist a Resident Who is Falling" states "1. Ease the resident to the floor...4. Notify the Nurse...5. Start an Occurrence (Incident)</p>	<p>Records and Reports</p> <p>3225.19.5.2</p> <p>All residents have the potential to be affected, however none were affected. An incident report regarding the February 11, 2012 occurrence of Resident #2 has been completed.</p> <p>All appropriate staff have been retrained on falls reporting and required documentation. <i>The sign in sheet and policy have been attached to this POC.</i> The Executive Director, Health and Wellness Director or designee shall review the shift reports daily, to verify compliance.</p> <p>Completion Date: July 21, 2012</p>



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Division of Long Term Care
Residents Protection

DHSS - DLTCRP
3 Mill Road, Suite 308
Wilmington, Delaware 19806
(302) 577-6661

STATE SURVEY REPORT

Page 9 of 9

NAME OF FACILITY: Windsor Place Assisted Living

DATE SURVEY COMPLETED: May 29, 2012

SECTION	STATEMENT OF DEFICIENCIES Specific Deficiencies	ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES WITH ANTICIPATED DATES TO BE CORRECTED
	<p>Report.”</p> <p>This finding was reviewed with E1 (administrator) and E2 (RN/DON) on 5/29/2012.</p>	